

Community Action Plan PART 1 - COMMITMENT

Lake County, Ohio

Beth Horvath, Community Coach

Tori Luyster, Lead Coach

Jan Meyer, State Advisor

CHART MEMBERSHIP

CHART Member Name	Organization Name	Organization Role	Organization Type	Sector
Matt Battiato	Lake County Job & Family Services	Director	Government	CIO, Worksite
Dick Bennett	Lake County YMCA	Executive Director	Community Based	CIO, Worksite
Renee Berry	Council on Aging	CEO	Non-Profit	CIO, Worksite
Brian Bontempo	Lake County Educational Service Center	Superintendent	Academia/Education	School, Worksite
Jason Boyd	Lake County Planning Commission	Director	Government	CAL, Worksite
Ellen Cantor	Leadership Lake County	Director	Non-Profit	CAL, Worksite

Donnamarie Cook	Cleveland Clinic Family Health Centers	Community Services Coordinator	Healthcare	Healthcare, Worksite
Ken Gill	Neighboring Mental Health Services	Chief Operating Officer	Non-Profit	CIO, Worksite
James Gills	Lake County Engineers' Office	Lake County Engineer	Government	CAL, Worksite
Dave Gilmer	Lake County Community Improvement Corporation	President	Community Based	CAL, Worksite
Johanna Henz	Lake County Free Medical Clinic	Executive Director	Healthcare	Healthcare, Worksite
Lee Homyock	Department of Recreation and Public Lands	Director	Government	CAL, Worksite
Beth Horvath	Y of Lake County	Health and Wellness Director	Community Based	CIO, Worksite
Brian Katz	Willoughby Parks and Recreation Department	Director	Government	CAL, Worksite
Dick Kotapish	Lake County GIS Department	GIS Director	Government	CAL, Worksite
Wayne Lindstrom	Crossroads	Chief Executive Director	Community Based	CIO, Worksite
Tori Luyster	Lake County General Health District	Health Educator	Government	CIO, Worksite
Steve Madewell	Lake Metroparks	Executive Director	Environmental	CAL, Worksite
Carol Mangino	Lakeland Community College	Assistant Director for Human	Academia/Education	CIO, Worksite

		Services		
Jan Meyer	Ohio Department of Health	Regional Support and Development Consultant	Government	CIO, Worksite
Sharon Minjares	Lake Health	Director, Wellness Institute	Healthcare	Healthcare, Worksite
Stephen Norton	Steris Corporation	Director, Communications and Government Affairs	Business/For-Profit	Healthcare, Worksite
Traci Salkiewicz	Lake County Engineers' Office	Traffic Engineer	Government	CAL, Worksite
Lisa Siciliano-Miller	OSU Cooperative Extension Office	County Extension Director	Academia/Education	CIO, Worksite
Angie Staedt	Neighboring Mental Health Services	Human Resources	Non-Profit	CIO, Worksite
Dan Troy	Lake County Commissioners	County Commissioner	Government	CAL, Worksite
Denise Ward	Painesville City Schools	Assistant Superintendant	Academia/Education	School, Worksite
Cathy Zeller	Starting Point	Director	Non-Profit	CIO, Worksite

VISION

Lake County residents of all ages will lead healthy lifestyles that include consuming nutritious foods and engaging in higher levels of physical activity.

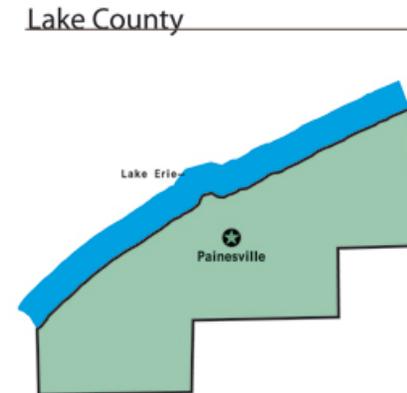
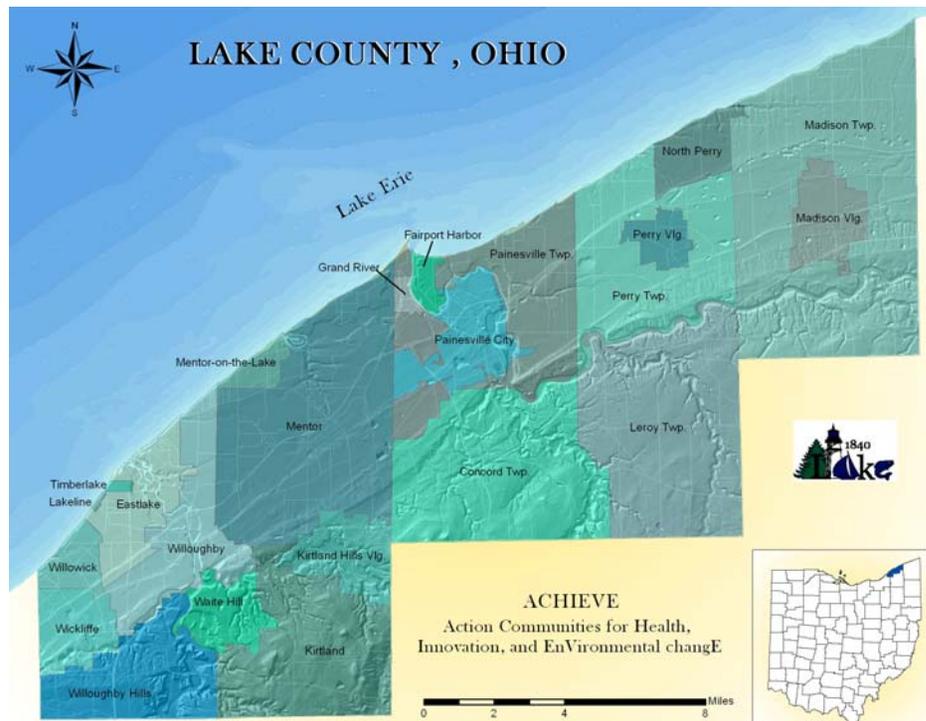
MISSION

Provide education and build an environment that will improve the overall quality of life for Lake County residents.

COMMUNITY DESCRIPTION

Lake County is located 30 miles east of Cleveland and has a total population of approximately 236,000. Lake Erie borders the county to the north and offers 31 miles of shoreline. Geographically, the county is the smallest of the 88 counties in Ohio. Approximately 10% of residents live in poverty and 5.1% represent minority populations. The population of Lake County residents aged 60 or older is 18.4%. The leading causes of death are heart disease, cancer, and chronic lower respiratory disease. The risk factors associated with these diseases in Lake County are attributable to lifestyle choices that include poor diet, being overweight or obese, use of tobacco, lack of physical activity and excessive alcohol consumption according to Healthy Ohio Community Profile. Among adults, 37.5% had high cholesterol, the prevalence rate of diabetes was 8%, 37.3% were overweight, and 25.1% were obese, during 2004-2007.

INTERVENTION AREA MAP



EXISTING EFFORTS

There are many partnerships in Lake County, Ohio that exist around the ACHIEVE initiative and similar efforts. Refer to the CHART Membership listed above to see who is involved specifically with ACHIEVE. Sub-teams of the CHART were developed to focus on work in specific sectors of the county, specifically in schools, worksites, community at large, and community institutions/organizations. The Worksite sub-team focuses on making improvements in places of employment. The School sub-team focuses on making improvements in primary and secondary learning institutions (elementary, middle, and high schools). The Community at Large (CAL) sub-team focuses on improvements on community wide efforts that impact the social and built environments, such as food access, walkability, bikeability, shared transportation, and connections to parks. The Community Institution/Organization sub-team focuses on improvements in entities that provide human services in the community. This includes colleges, childcare, senior centers, etc. Many of the individuals involved with ACHIEVE have worked together in the past and present on making improvements around physical activity and nutrition. Lake County Soil and Water partnered with Riverside School District on a Farm to School program. ACHIEVE has now partnered with them to focus the program countywide. The City of Painesville partnered with the ACHIEVE initiative to provide farmer's market vouchers and has offered to help open the vouchers to markets countywide, next year. ACHIEVE has partnered with Lake Health to provide incentives for the annual B Fit 4 Life Corporate Challenge, which involves Lake County businesses. Lake County GIS has partnered with ACHIEVE to create and help maintain our local website, www.lakecountyohio.gov/achieve.

CHART

On April 1, 2010 the CHART voted on and approved guidelines to help with decision making. Generally, discussion takes place regarding an upcoming decision to determine how the individual CHART members are feeling about the decision. Finally, a vote will take place via meeting or email. A minimum of 15 CHART members must be present at a meeting for all binding votes. All motions pass with a simple majority vote.

Structures and processes that have been put in place to ensure that CHART member involvement matches their skills, interests, and resources:

Prior to assigning chart members to a sub-team, the group as a whole determined which sector each member had the most skill with and therefore could be assigned to. Some of them identified with multiple sectors, however, were matched with a team based upon

need. Each team is comprised with a number of chart members who relate well to their particular focus sector.

Structures and processes for communication within the CHART and with the State Health Department Expert Advisor:

Communication takes place through various avenues. The CHART meets every other month and the sub-teams of the CHART meet on the off months of the CHART meeting. For example, in 2010, the CHART met, as a whole, in February, April, June, August, October, and December. All four of the sub-teams met in January, March, May, July, September, and November. The CHART, including the coaches meet a minimum of once per month for the purpose of communicating about the work and efforts of our initiative. Communication takes place by email and phone, as well. Each sub-team has a Chair and that individual is responsible for the primary communication between their respective team and the coaches of ACHIEVE. Each Chair facilitates their sub-team meeting, as well as, communicates with them about meeting dates, times, and topics.

Community Action Plan

PART 2 - ASSESSMENT

CHANGE TOOL INFORMATION

Key findings of CHANGE and how the data will be used to inform the community action plan:

The CHANGE tool data collected in 2009 demonstrated a need to make improvements in nutrition and physical activity across the majority of the sectors in lake County. In Ohio, we have a smoke free workplace law that prohibits individuals from smoking in indoor public places; therefore, tobacco use was not a top priority when compared to physical activity and nutrition. The CHANGE tool data reflected this. Both of the modules, chronic disease management and leadership, can be improved through increasing physical activity and better nutrition in various sectors of the community, therefore, the CHART chose to focus all efforts around improving physical activity and nutrition in lake county.

COMMUNITY ASSESSMENT INFORMATION

Name of Assessment	Date Assessment Completed	Description of Assessment	How Assessment Data Informed the CAP

Community Action Plan

PART 3A - PLANNING, IMPLEMENTATION, AND EVALUATION

Lake County, Ohio WORK PLAN

Project Goal 1.0

By September 2012, increase the number of agencies involved with or who participate in multi-jurisdictional, proactive recreational planning with a focus on creating a comprehensive planning effort in Lake County from 12 to 23.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

The rationale for the goal is to bring our planners and civic leaders together from multiple jurisdictions to address how to create better access to recreation opportunities in Lake County, as well as create more opportunity for physical activity. This will help decrease chronic diseases through increased physical activity. There are 23 political subdivisions and 12 of them actively participate in planning. Our goal is to get active representation from the others, even if they do not have a city planner.

Measuring progress:

Primary Data Source	Secondary Data Source
Meeting minutes, recreational mapping, resident survey	2020 Census Data, 2015 Lake County Community Health Assessment
Describe the progress	<i>The meeting minutes will track the progress of recreational planning. A pre and post recreational map will provide any changes in recreation as a result of planning, such as connections to parks or additional land acquisition. A resident survey can be developed and utilized to capture resident's perception and their use of recreation in their area. The secondary data listed, may reveal the long-term outcomes, such as cardiovascular disease and cancer rate reductions.</i>
Describe barriers or issues and plans to overcome them	<i>Data is not easy to collect and requires a lot of time to collect. Identify the process and the individuals to be involved with data collection.</i>

Annual Objective 1.1

Setting/Sector:

- Community at large
 Community institution/organization
 Health care
 School
 Work site

Policy/systems/environmental change strategy to achieve this objective:

Parks, shared-use paths and trails, or open spaces.

If "Other", please briefly describe your strategy below:

Evidence/practice base for the strategy:

Research demonstrates that people will increase exercise when the environment around them is built to do so.

Target number of people who will be reached:

40,000

How the objective impacts the problem:

The objective (stated below) is designed to decrease the problem (cancer, cardiovascular disease, and obesity) by increasing physical activity.

Objective:

By September 2012, increase the number of park connections in Lake County from 1 to 3.

Measuring objective progress:

Track the number of parks and connections between parks in separate jurisdictions in Lake County. This will be done through mapping.

Primary Data Source	Secondary Data Source
Maps, vehicle traffic counts, Local Comprehensive Land Use Plan, other agencies Land Use Plans (ie: Metroparks)	
Describe the progress	<i>Collect inventory of parks and park connections in Lake County and map them. Park visitation rates can be measured by vehicular traffic count in and out of recreational areas in Lake County.</i>
Describe barriers or issues and plans to overcome them	

Action Steps:

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe	Describe the progress of the action step
1. Create a comprehensive inventory of recreational providers and amenities, including parks.	D. Kotapish, GIS J.Boyd, Planning Commission	October 2009- April 2010	A local website, www.lakecountyohio.gov/achieve , for ACHIEVE Lake County that includes the comprehensive recreational map is final and open for public use – April 2010

			March 2011 - plans in place to update the website to include a tab and information about specific work accomplished in each sector.
2. Recognize existing gaps in recreational resources.	D. Kotapish, GIS	April 2010-March 2011	Discussed at September 2010 meeting- the gaps will be addressed in the local comprehensive plan (this will be long-term).
3. Create a county-wide comprehensive transportation plan with an emphasis on non-vehicular modes of transportation that includes light rail, bike paths, sidewalks, etc.	J. Boyd, Planning Commission CAL Sub-team	August 2010-April 2011	A transportation map was sent out to city partners asking for their feedback in August 2010.
4. Identify two priority linkage areas for connection of parks.	CAL Sub-team	October 2010-April 2011	Group has identified Willoughby-Eastlake and Fairport-Painesville as potential priority areas. The group has identified the Bikeway Corridor as the current park connection in Lake County.
5. Provide technical and regulatory support for future revenue streams for connections to park(s) project implementation.	CAL Sub-team	April 2011-September 2011	
6. Create a themed countywide recreational day and marketing campaign.	L. Homyock, Painesville Park & Rec. B. Katz, Willoughby Park & Rec.	October 2010-September 2011	Sept. 2010 - Group has identified that this will be a “Bike Day” with a goal of involving 1,000 participants. 12-3-10 – September 10, 2011 will be Bike Day Lake County. Letters are will be mailed to all parks and recreation directors inviting them to participate. March 2011 – 7 communities will participate in Bike Day.
7. Prioritize Lake County roads for shoulder pavements for the purpose of biking and work with the engineers’ office and road departments to pave the shoulders.	CAL Sub-team	September 2011-September 2012	Group has tentatively discussed the importance of participating in the planning of infrastructure projects in order to promote the concept of additional pavement width during the design process.
8. Begin to meet and to work with respective partners in the project area(s) for connections to parks.	CAL Sub-team Community Partners Lake Metroparks	September 2011-September 2012	September 2010 - S. Madewell met with the mayors of the identified cities for beginning discussions around this. November 2010 – Quail Hollow residents speak out at Metroparks meeting- they are highly against connecting the Greenway Coordinator to Chardon trails.

9. Connection to park(s) project implementation.	CAL Sub-team Community Partners Lake Metroparks	September 2011- September 2012	
10. Conduct resident survey in areas of park connection completion.	CAL Sub-team	September 2011- September 2012	
11. Publicize and market ACHIEVE and our progress.	CAL Sub-team		We have sent the following press releases; Action Institute (7-09), Website (4-10), CHART Walk (8-10). A live radio interview with WELW was done on July 8, 2010. Nov. 2010 – Facebook page for ACHIEVE Lake County completed. 12-3-10 - Billboards and bus ads are secured for summer 2011 advertising.

Project Goal 2.0

By September 2012, increase the number of Lake County public school districts involved with implementation of the ACHIEVE mission in our schools from zero to three.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Historically, the schools are hard to reach due to several barriers, such as, the amount of time schools are open in a calendar year, their schedules, their agendas, etc. This is why we chose to target 1/3 of our public school districts, which is 3 of 9. We know that this is a realistic number. Additionally, our goal is to involve them with our policy and environmental change strategies listed in our action items below with the intention of decreasing chronic disease.

Measuring progress:

Primary Data Source		Secondary Data Source	
Meeting minutes, grant reports, observation, tracking		School wellness policies	
Describe the progress		<i>Meeting minutes will track the progress of our work with schools and the involvement of schools of the implementation of policy/environmental changes. The grants we award require schools to submit an evaluation and financial report for their policy and/or environmental work. Implementation of fundraising, farm to school, safe routes to school, school gardens, etc. can all be tracked through observation, numbers, and the newly written and enforced school policies.</i>	
Describe barriers or issues and plans to overcome them		<i>Data is not easy to collect and requires a lot of time to collect. Identify the process and the individuals to be involved with data collection.</i>	

Annual Objective 2.1

Setting/Sector:

- Community at large
 Community institution/organization
 Health care
 School
 Work site

Policy/systems/environmental change strategy to achieve this objective:

Physical activity as punishment ban; walk or bike to school initiative; proper equipment and facilities; healthy food and beverage options beyond the school food services; food as reward or punishment ban; school garden and resources; and sale and distribution of less than healthy foods and beverages are sold.

Evidence/practice base for the strategy:

Both evidence and practice based strategies support our goals and objectives for the school sector. Evidence shows that chronic disease and obesity can decrease with improvements of physical activity and nutrition. Some of the plan was written from opinion and therefore, is practice based. We believe that we can improve the health of our children through this work.

Target number of people who will be reached: 2,000

How the objective impacts the problem:

The objective (stated below) will impact the problem (cancer, cardiovascular disease, diabetes, obesity) by increasing the amount of physical activity and access to better nutrition for school-aged children.

Objective:

By September 2012, increase the number of school districts who adapt one or more policy/environmental change strategies to improve student health in one or more buildings within their district from zero to three.

progress: **Track the number of schools involved in the policy/environmental changes and track its impact on student health.**

Primary Data Source	Secondary Data Source
Grant requirements, maps, ACHIEVE case study	School wellness policies, BMI data for school aged children
Describe the progress	<i>ACHIEVE Lake County case study will be updated by Strategic Research Group to reflect our ongoing work and can be used to demonstrate our progress. Maps can be used to show the schools in Lake County involved with policy/environmental change strategy implementation. BMI data (federal or state) will demonstrate the effect of these change strategies.</i>
Describe barriers or issues and plans to overcome them	<i>Federal/state BMI data will not necessarily reflect the outcomes of our work locally. We could collect BMI data in our schools, pre and post change strategy implementation.</i>

Action Steps:

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe	Describe the progress of the action step

1. Inventory all existing school wellness policies in all the school districts.	School Sub-team	October 2009-April 2010	Completed in January 2010 , however, not all schools have a detailed school wellness policy.
2. Hold/host meetings with school personnel.	School Sub-team	March 2010-September 2012	On April 15, 2010 we met with school superintendants. On September 16, 2010 we met with representatives from 3 of the 9 districts after a failed attempt to meet in May. March 2011 – as part of a fundraising booklet and letter to be mailed in April a follow up meeting shall be held with interested parent/fundraising groups that want to pursue adoption of a healthy fundraising policy.
3. Order Veggie U Kits on behalf of the schools for use in fourth grade classrooms.	T. Luyster T. Salkiewicz	June 2010-September 2012	In June 2010 , 4 kits were ordered and in September 2010 , 6 kits were ordered - Kirtland (3), Madison Avenue (3), Maple (1), Elm (1), McKinley (1), and Chestnut Elementary(1). 9-23-10- 3 kits placed at Kirtland Elementary; 11-14-10- 3 kits placed at Longfellow Elementary. December 2010- received notice from ODH indicating they do not have any more money currently for kits to be requested to Lake County.
4. Provide grant opportunities for all 9 districts to implement policy/environmental change for the school years, 2010/2011 and 2011/2012.	School Sub-team	June 2010-June 2012	In September 2010 , 7- \$1000 checks were mailed to 7 teachers/principals in 3 districts (Round 1). December 2010 – 3 grants each for the amount of \$1000 were awarded to Madison Avenue Elementary, Leroy Elementary, and Kirtland Middle (Round 2).
5. Provide support and oversee grant work in the schools.	School Sub-team	September 2010-September 2012	December 2010 -Round 1 of funded schools were contacted to schedule site visits. March 2011 – 5 site visits (Chestnut, Longfellow, Elm, North High, and Ridge Middle) have been completed by the subcommittee to the awarded schools.
6. Implement fundraising policies in schools and assist with fundraising in other ways (walk event, sale of non-food items, etc.)	School Sub-team	September 2010-September 2012	March 2011 – a fundraising booklet that contains a large variety of healthy fundraising options will be mailed with a letter and survey to all fundraising organizations in the county. A follow up meeting will be scheduled.

7. Implement school gardens in schools.	School Sub-team	September 2010-September 2012	December 2010 - both Leroy and Madison Ave. Elementary were funded for school gardens.
8. Assist with obtaining and implementing Safe Routes to School program in schools.	School Sub-team	September 2010-September 2012	Riverside School District received funding from ODOT to conduct a School Travel Plan (STP). The STP is being reviewed by the committee and has been scheduled to be presented to the Community for public input in November 2010 .
9. Work with food service contractors to allow local fresh produce in school cafeterias.	School Sub-team	September 2010-September 2012	
10. Publicize and market ACHIEVE and our progress in the school sector.	School Sub-team	September 2010-September 2012	Press release sent on 9-23-10 on school grants. Press release published on 2-7-11 on Veggie U kits. Press release published on 2-25-11 on Fit for Fifteen included ACHIEVE information in article. Press release on 3-3-11 re: BMI report that included information on ACHIEVE and their involvement with a Health District \$10,000 grant opportunity for schools.

Project Goal 3.0

By September 2012, increase the number of businesses involved with ACHIEVE worksite wellness initiatives from zero to 15.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

The goal is intended to decrease chronic disease in those staff members of the worksites who participate in wellness initiatives.

Measuring progress:

Primary Data Source	Secondary Data Source
CHANGE Tool	Employee health screening data
Describe the progress	<i>CHANGE tool can be used to track the environmental/policy change strategies implemented in the worksites and the health screening data will reflect any change in BMI, cholesterol, glucose, blood pressure, etc.</i>
Describe barriers or issues and plans to overcome them	<i>Not all of the worksites will necessarily be collecting or have access to this data. We could ask people to self report this data.</i>

Annual Objective 3.1

Setting/Sector:

- Community at large
 Community institution/organization
 Health care
 School
 Work site

Stairwell use; non-motorized commutes; walking path; bicycle parking; activity breaks for meetings; healthy food and beverage options at meetings and events; healthy food and beverage options in vending machines; free or low cost employee health risk appraisal or health screenings; and time to attend health promotion classes.

If “Other”, please briefly describe your strategy below:

Evidence/practice base for the strategy:

Evidence shows that chronic disease and obesity can decrease with improvements of physical activity and nutrition.

Target number of people who will be reached: 15,000

How the objective impacts the problem:

Environmental change strategies have the potential to persuade people to make better decisions about their health. For example, by providing fresh fruit for employees, they may be likelier to choose a piece of fruit over a candy bar in the vending machine, etc. By making the better choice are improving their health and decreases their risk of chronic disease.

Objective:

By September 2012, increase the number of worksites who adopt environmental change strategies to improve the health of their employees from zero to 15. By September 2012, increase the number of worksites who adopt policy change strategies to improve the health of their employees from zero to 5.

Measuring objective progress:

Track the number of environmental and policy changes implemented and the outcome of it.

Primary Data Source	Secondary Data Source
Worksite survey, CHANGE tool	Health screening data
Describe the progress	<i>A survey can be provided to worksite management and staff to track the success of the environmental and policy change and health screening data will reflect any change in the health data of employees.</i>
Describe barriers or issues and plans to overcome them	<i>Health screening data may not readily available especially if the worksite does not conduct health screening of their employees.</i>

Action Steps:

Action Steps	Specific Person(s)/	Timeframe	Describe the progress of the action step
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	Organization(s) Responsible		
1. Develop tools for worksites to use.	Worksite Sub-team	October 2009- April 2010	Developed wellness menu, healthy worksite messages to post, MOU b/n ACHIEVE and worksite, the business benefit, etc. – completed May 2010 .
2. Create a list of potential employers to participate in ACHIEVE and mail invitation letters.	Worksite Sub-team	October 2009-April 2010	Completed on 4-9-10 . Letter was sent to 12 businesses.
3. Set up meetings with interested worksites.	Worksite Sub-team T. Luyster	June-September 2010	6 worksites have signed the MOU and will receive money in 2010/2011 to implement environmental/policy changes. The deadline for this funding opportunity is 10-1-10 .
4. Continue to meet with and support current funded worksites with implementation of policy/environmental changes.	Worksite Sub-team	September 2010- August 2011	12-3-10 - posters, walking maps, and assistance has been provided. We did reimburse one of the worksites so far for health fair costs.
5. Develop a worksite wellness workshop for businesses in 2011.	Worksite Sub-team	November 2010-June 2011	November 2010 - May 20, 2011 is the date for the workshop; we are working on getting Dr. Roizen from Cleveland Clinic to speak. March 2011 – Details are final for the workshop. Brochures will be email blasted by ACHIEVE partners and printed for chambers of Lake County to promote workshop. A goal of 50-100 attendees has been set.
6. Develop a funding selection process.	Worksite Sub-team	November 2010-June 2011	
7. Invite businesses through the Lake County chambers.	Worksite Sub-team	March 2011-June 2011	December 2010 - emailed Lake County chamber to see if we could meet with them in March or April. March 2011 – A flyer was provided to some of the chambers in early 2011; a brochure will be provided to all.
8. Choose ten businesses for the 2011-2012 year for ACHIEVE funding.	Worksite Sub-team	July 2011- August 2011	
9. Support newly funded worksites with	Worksite Sub-team	September	

implementation process.		2011- August 2012	
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Project Goal 4.0

By September 2012, increase the number of vouchers redeemed for fresh produce at Lake County Farmer’s Markets from 40 to 400.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Lake County residents will have better access to fresh produce through use of Farmer’s market vouchers. Consumption of fresh fruits and vegetables is proven to lower the risk of chronic diseases.

Measuring progress:

Primary Data Source	Secondary Data Source
# of vouchers redeemed	
Describe the progress	<i>We will track the number of vouchers we provide that get redeemed at each Farmer’s Market location in Lake County.</i>
Describe barriers or issues and plans to overcome them	<i>Vendors at the Farmer’s Market, as well as, residents that receive the vouchers need to know what the vouchers are for and how to use them.</i>

Annual Objective 4.1

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/systems/environmental change strategy to achieve this objective:

Chronic Disease prevention promotion and other: vouchers at Farmer’s Market; locally grown foods; and fruit and vegetable promotion.

If “Other”, please briefly describe your strategy below:

Evidence/practice base for the strategy:

The strategy is practice based and is the opinion of the group.

Target number of people who will be reached:

250

How the objective impacts the problem:

Currently, Lake County residents do not consume an adequate amount of fruits and vegetables. The objective will increase the number of fresh produce purchased from Lake County Farmer’s Markets.

Objective:

By September 2012, increase the number of participants who receive Farmer’s Market vouchers provided through Food & Nutrition classes that OSU Extension offers from 50 to 250.

Measuring objective progress:

Track the number of attendees that attend the classes and receive the vouchers.

Primary Data Source		Secondary Data Source	
Farmer's Market records, FNP class roster, class participant surveys			
Describe the progress	<i>Farmer's Market records will provide us with the number of ACHIEVE Farmer's Market vouchers redeemed, the class roster will give us the number of vouchers given to class participants, and the survey will be used to make improvements in the process each year. The survey will be mailed or emailed to all class participants, 3-4 months after the class.</i>		
Describe barriers or issues and plans to overcome them	<i>Surveys that get mailed may not get completed and returned. We can send a second survey with a reminder to those that don't respond.</i>		

Action Steps:

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe	Describe the progress of the action step
1. Create a FNP schedule each year during the same months the Farmer's Markets are open.	CIO Sub-team	March 2010, March 2011, March 2012	Completed – 2010 Completed – March 2011
2. Work with the Farmer's Markets to purchase vouchers and a plan to redeem them.	CIO Sub-team	November-April of each year	Completed – 2010 Completed – March 2011
3. Provide classes and vouchers.	OSU Extension LCGHD Job & Family Services	Summers 2010, 2011, 2012	Completed - 2010
4. Evaluate and make changes.	CIO Sub-team	November – April of each year	Completed – 2010 – 71 participants indicated on their post evaluation that they had increased their knowledge in areas surveyed on the evaluation (added 3-15-11).

Project Goal 5.0

By September 2011, increase the number of individuals with Type 1 or Type 2 Diabetes who exercise at the Y using their 6-month free membership from zero times per week to three times per week.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Proper physical activity in individuals with Diabetes helps with proper self maintenance of the disease and can even reduce medication needs.

Measuring progress:

Primary Data Source		Secondary Data Source	
Registration desk roster			
Describe the progress	<i>The desk roster will provide the number of times each member of the Y who has Diabetes comes to the Y to exercise during their 6 month free membership period. The Y can identify these individuals since they have previously been identified from the Diabetes class provided by an ODH grant.</i>		
Describe barriers or issues and plans to overcome them			

Annual Objective 5.1 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/systems/environmental change strategy to achieve this objective:

Onsite fitness center and classes; locker room with showers; access to non competitive activities; opportunity for leisure time physical activity; and direct support for community wide physical activity opportunities.

If "Other", please briefly describe your strategy below:

Evidence/practice base for the strategy:

Evidence shows that physical activity will reduce the affects of Diabetes and help lower or even eliminate the amount of medication used to treat Diabetes.

Target number of people who will be reached:

45 – class participants/ 15- new Y members

How the objective impacts the problem:

The objective creates a lifestyle change of those identified as individuals living with Diabetes. We want to educate, encourage, and support these individuals to make a change and take control of the Diabetes by increasing their weekly exercise.

Objective:

By September 2011, increase the number of Diabetes class participants who join the Y after their free 6-month membership is over from zero to 15 individuals.

Measuring objective progress:

Tracking new membership compared to the list of individuals' names who took the Diabetes program.

Primary Data Source	Secondary Data Source
Diabetes roster, new membership roster, follow up survey	

Describe the progress	<i>The roster will provide the names of the individuals who have Diabetes. The new membership roster will provide us with information on who joined after their 6-month free membership is over, and a follow-up survey can be sent to all participants to determine how often they have continued to exercise, especially if they have not joined the Y.</i>
Describe barriers or issues and plans to overcome them	

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe	Describe the progress of the action step
1. Secure funding to offer a Diabetes Program at our Central Y.	CHART YMCA	October 2009-March 2010	January 2010- Central Y awarded grant from ODH.
2. Promote the program in physicians' offices.	YMCA	February-May 2010	May 2010 – class 1 of 3 is scheduled and will have 14 participants.
3. Offer two more classes.	YMCA	September 2010, April 2011	June 2010- first 10 week class is final. September 2010- second 10 week class is final. March 2011 – third 10 week class begins.
4. Evaluate program and sustainability.	CHART YMCA	June 2011	

PART 3B - PLANNING, IMPLEMENTATION, AND EVALUATION (CONTINUED)

Describes how the CHART prioritized strategies within the community action plan:

The CHART spent many hours in meetings to determine the strategies of this plan, including prioritizing the plan. As the work of this plan is being implemented, many meetings take place each month to update the plan. As expected, strategies have changed over time and will continue to change as the plan moves forward.

SUSTAINABILITY PLAN

The Lake County General Health District and participating CHART members seek to provide sustainability for the Lake County ACHIEVE Initiative through several avenues;

- To provide education and training to community leaders to improve overall wellness through the adoption of the goals and objectives of the CHART.
- To identify existing infrastructure needs and to provide advocacy to address these issues.
- To maintain leadership for ACHIEVE and CHART through the Lake County General Health District.
- To continue to develop and recruit partners to execute the goals and objectives of the CHART.
- To increase in-kind resources, both financial and human, dedicated to the effort of the community partners.
- To acquire additional funding sources.
- To establish evaluation techniques to measure success.

The most critical part of sustainability will be the careful documentation of the ACHIEVE Initiative. The Lake County General Health District will seek to document its progress and outcomes, in partnership with its funding partners, to create an evidence-based model for other counties and states throughout the United States.

COMMUNICATIONS PLAN

The CHART will seek out opportunities to publish the work accomplished through the ACHIEVE grant. Strategic Research Group is one of the partnerships that has evolved since the inception of ACHIEVE. They have created a case study specifically from the work we have completed to date. We will utilize items, like this case study, to communicate our work to stakeholders and our

community.

RESOURCES

The Health District and other organizations have provided in kind contributions, such as space, equipment and support of staff time. The CHART members and coaches have contributed a countless amount of time and effort in the development and implementation of this plan. A local website specific to ACHIEVE Lake County has been constructed by the GIS (Geographic Information System) Department. The GIS Department has also spent time developing walking maps for our local funded businesses. Many of our CHART organizations spent time working to develop our logo and handout. We anticipate more specific contributions as we continue to move forward with this plan.

Date completed	9-29-10
Date revised	12-3-10
Date revised	3-15-11